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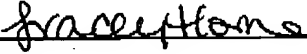
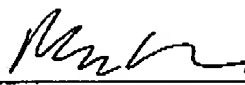
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PTO/SB/31 (02-01)

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CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at Fax No. <u>571-273-8300</u> on <u>12 August 2005</u>		In re Application of Steven C. Murray, et al.	
Signature <u></u> Typed or printed name Tracey Horne		Application Number 09/589,675	Filed 7 June 2000
For Device for Irradiating Tissue			
Group Art Unit 3739		Examiner Ahmed M. Farah	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>250</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed 08/16/2005 MBINAS 00000023 09589675</p> <p><input checked="" type="checkbox"/> Payment by credit card Form PTO-2038 is attached. 01 FC:2401 250.00 OP</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0869(LSCP 1001-1)</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <div style="text-align: right; margin-top: 20px;">  Signature Mark A. Haynes Typed or printed name 15 August 2005 Date </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			

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